## NOTICE OF PROPOSED RULE ADOPTION

## STATE OF MISSISSIPPI OFFICE OF THE GOVERNOR DIVISION OF MEDICAID

Miss. Division of Medicaid c/o Ginnie McCardle, Spec. Proj. Officer Robert E. Lee Building 239 N. Lamar Street

Specific Legal Authority authorizing the promulgation of Rule: Miss. Code Ann. §43-13-121(1972), as amended

Suite 801 Jackson, MS 39201-1399		Reference to Rules repealed, amended or suspended by the Proposed Rule : Provider Policy Manual Section 53.30	
(601) 359-6310 http://www.dom.state.ms.us		Provider Policy Manual Section 53.30	
AP2007-14 This Administ	ose of the Proposed Rule and the r rative Policy amendment updates se ads to Good Health Wellness Progra	reason(s) for proposing the rule: ection 53.30. This is a new section that outlines Mississippi am. Wellness services covered by Mississippi Medicaid are	
This rule is proposed as a	Final Rule, and/or a Tempora	ry Rule (Check one or both boxers as applicable.)	
address. Persons making	comments should include their u	ddressing written comments to the agency at the above name and address, as well as other contact information, and phone number of the party or parties you represent.	
Oral Proceeding:	Check one box below:		
An oral procee	ding is scheduled on this rule on Da	ate: Time:	
the above address include your nam	at least day(s) prior to the pr	ral proceeding you must make a written request to the agency at roceeding to be placed on the agenda. The request should It as other contact information; and if you are an agent or the party or parties you represent.	
will be held if a w persons. The writ (20) days after the number of the per	ritten request for an oral proceeding ten request should be submitted to t c filing of this notice of proposed rul	Where an oral proceeding is not scheduled, an oral proceeding g is submitted by a political subdivision, an agency or ten (10) the agency contact person at the above address within twenty le adoption and should include the name, address and telephone ou are an agent or attorney, the name, address and telephone	
Economic Impact Statem	ent: Check one box below:		
The agency has	s determined that an economic impa	ct statement is not required for this rule, or	
☐The concise su	mmary of the economic impact state	ement required is attached.	
The entire text of the Propo	Rule including the text of any r	rule being amended or changed is attached.	
Date Rule Proposed: Apr	1 2, 2007	Proposed Effective Date of Rule: June 1, 2007	
////	Executive Director		
Signature and Title of Pe	rson Submitting Rule for Filing		

atupe and Title of Person Submitting Rule for Filing

SOS FORM APA 001 Effective Date 07/29/2005